

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS320AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2008
NAME OF PROVIDER OR SUPPLIER COUNTRY MEADOWS GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6540 EVENING RAIN AVENUE LAS VEGAS, NV 89115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted in your facility on September 3, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 total beds.</p> <p>The facility had the following category of classified beds: Category 2 - 6 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility which provides care to persons with Alzheimer's disease</p> <p>The census at the time of the survey was 4. Two additional residents were hospitalized. Six current resident files and one closed resident file were reviewed, and 6 employee files were reviewed.</p> <p>There was 1 complaint investigated during the survey. Complaint #NV15597 Substantiated (Tag 620)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 8 hours of training related to providing for the needs of the residents was received annually for 2 of 6 employees (Employee #3, #6).</p> <p>Findings include:</p> <p>Employee #3 was hired on 2/19/05. The personnel file lacked documented evidence of 8 hours of annual caregiver training.</p> <p>Employee #6 was hired on 3/4/07. The personnel file lacked documented evidence of 8 hours of annual caregiver training.</p> <p>Severity: 2 Scope: 3</p>	Y 070		
Y 072 SS=F	<p>449.196(3) Qualifications of Caregiver-Med re-training</p> <p>NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The</p>	Y 072		

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Y 072	<p>Continued From page 2</p> <p>caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau.</p> <p>This Regulation is not met as evidenced by: Based on record review the facility failed to ensure 3 of 6 employees had the required initial medication management training (Employee #2, #4, #5).</p> <p>Findings include:</p> <p>Employee #2 was hired on 1/31/07. The personnel file lacked documented evidence of a medication management course.</p> <p>Employee #4 was hired on 4/5/08. The personnel file lacked documented evidence of a medication management course.</p> <p>Employee #5 was hired 4/7/08. The personnel file lacked documented evidence of a medication management course.</p> <p>Severity: 2 Scope: 3</p>	Y 072			
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200</p>	Y 103			

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Y 103	<p>Continued From page 3</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: a: (a) Physical examination or certification from a</p>	Y 103			

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Y 103	<p>Continued From page 4</p> <p>licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p>	Y 103			

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Y 103	<p>Continued From page 5</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on personnel file review the facility failed to ensure 3 of 6 employees received the required annual tuberculin screening test (Employee #2, #3, #6).</p> <p>Findings include:</p> <p>Employee #2 was hired on 1/31/07. The personnel file contained evidence of a positive tuberculin skin test and a negative chest x-ray in January 2007. There was no evidence of an annual signs and symptoms checklist for 2008.</p> <p>Employee #3 was hired on 10/10/02. The personnel file contained evidence of a negative two step tuberculin (TB) screening test in May 2006. There was no evidence of an annual TB screening in 2007 or 2008.</p> <p>Employee #6 was hired on 3/4/07. The personnel file contained evidence of a negative two step TB screening in March 2007. There was no evidence of an annual TB screening in 2008.</p> <p>Severity: 2 Scope: 3</p>	Y 103		
Y 104 SS=C	449.200(1)(e) Personnel File - References	Y 104		

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Y 104	Continued From page 6 NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to ensure references had been checked for 1 of 6 employees (Employee #2). Findings include: Employee #2 was hired on 1/31/07. There was no documented evidence in the personnel file, the references had been checked. Severity: 1 Scope: 3	Y 104		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: NRS 449.176 1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the	Y 105		

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Y 105	<p>Continued From page 7</p> <p>central repository for Nevada records of criminal history two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report.</p> <p>2. The central repository for Nevada records of criminal history shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the facility, if any, and the health division of whether the applicant has been convicted of such a crime.</p> <p>NRS 449.179</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188; (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in</p>	Y 105		

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Y 105	<p>Continued From page 8</p> <p>subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the central repository for Nevada records of criminal history with in the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least every 5 years. The administrator of person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the central repository for Nevada records of criminal history.</p> <p>4. Upon receiving fingerprints submitted pursuant to this section, the central repository for Nevada records of criminal history shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the health division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.</p>	Y 105			

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Y 105	<p>Continued From page 9</p> <p>5. The central repository for Nevada records of criminal history may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the central repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the central repository, it shall allow the employee or independent contractor to pay the amount through periodic payments.</p> <p>NRS 449.182 Each agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179, and shall maintain a copy of the fingerprints submitted to the central repository for its report. These records must be made available for inspection by the health division at any reasonable time and copies thereof must be furnished to the health division upon request.</p> <p>NRS 449.185 1. Upon receiving information from the central repository for Nevada records of criminal history pursuant to NRS 449.179, or evidence from any other source, that an employee or independent contractor of an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, the administrator of, or the person licensed to operate, the agency or facility shall terminate the employment or contract of that person after</p>	Y 105		

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Y 105	<p>Continued From page 10</p> <p>allowing him time to correct the information as required pursuant to subsection 2.</p> <p>2. If the employee or independent contractor believes that the information provided by the central repository is incorrect, he may immediately inform the agency or facility. An agency or facility that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the central repository before terminating employment or contract of the person pursuant to subsection 1.</p> <p>3. An agency or facility that has complied with NRS 449.179 may not be held civilly or criminally liable based solely upon the ground that the agency or facility allowed an employee or independent contractor to work;</p> <p>(a) Before it received the information concerning the employee or independent contractor from the central repository;</p> <p>(b) During any period required pursuant to subsection 2 to allow the employee or independent contractor to correct that information;</p> <p>(c) Based on the information received from the central repository, if the information received from the central repository was inaccurate; or</p> <p>(d) Any combination thereof.</p> <p>An agency or facility may be held liable for any other conduct determined to be negligent or unlawful.</p> <p>NRS 449.188</p> <p>1. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups to an applicant or may suspend or revoke the license of a licensee to operate such a facility if:</p> <p>(a) The applicant or licensee has been convicted</p>	Y 105		

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Y 105	<p>Continued From page 11</p> <p>of:</p> <p>(1) Murder, voluntary manslaughter or mayhem;</p> <p>(2) Assault with intent to kill or to commit sexual assault or mayhem;</p> <p>(3) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;</p> <p>(4) Abuse or neglect of a child or contributory delinquency;</p> <p>(5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past 7 years;</p> <p>(6) A violation of any provision of NRS 200.50955 or 200.5099;</p> <p>(7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the preceding 7 years; or</p> <p>(8) Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years; or</p> <p>(b) The licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a).</p> <p>2. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate an agency to provide nursing in the home to an applicant or may suspend or revoke the license of a licensee to operate such an agency if the licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1.</p> <p>Based on personnel file review the facility failed to ensure 2 of 6 employees met the criminal history background check requirements (Employee #4, #5).</p>	Y 105			

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Y 105	Continued From page 12 Findings include: Employee #4 was hired on 4/5/08. The personnel file did not contain documented evidence fingerprints had been sent to the Nevada repository or a returned background check from the repository. Employee #5 was hired on 4/7/08. The personnel file did not contain documented evidence fingerprints had been sent to the Nevada repository or a returned background check from the repository. Severity: 2 Scope: 3	Y 105		
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to ensure 1 of 6 employees had evidence of current training in first aid and cardiopulmonary resuscitation (CPR) (Employee #3). Findings include: Employee #3 was hired on 10/10/02. There was	Y 106		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS320AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2008
NAME OF PROVIDER OR SUPPLIER COUNTRY MEADOWS GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6540 EVENING RAIN AVENUE LAS VEGAS, NV 89115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 106	Continued From page 13 no evidence in the personnel file of a current First Aid/CPR certification. Severity: 2 Scope: 3	Y 106		
Y 177 SS=F	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation the facility failed to ensure the premises were clean and well maintained. Findings include: On September 3, 2008 at 3:00 PM, two trash cans in the backyard were not covered with lids. Five plastic bags of trash were not placed in rodent proof trash containers. Severity: 2 Scope: 3	Y 177		
Y 620 SS=D	449.2702(4)(a) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast.	Y 620		

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Y 691	<p>Continued From page 15</p> <p>to remain as a resident of a residential facility unless he:</p> <p>(b) Is capable of;</p> <p>(1) determining his need for oxygen; and</p> <p>(2) Administering the oxygen to himself with assistance.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure a resident requiring the use of oxygen was capable of administering the oxygen himself (Resident #4).</p> <p>Findings include:</p> <p>Resident #4 was admitted to the facility on 2/11/08 with a diagnosis of Dementia and was currently hospitalized.</p> <p>Observation of oxygen equipment in Bedroom #3 indicated Resident #4 used oxygen.</p> <p>On September 3, 2008 at 3:15 PM, Employee # 1 indicated Resident #4, who had oxygen ordered as needed, was unable to administer the oxygen independently.</p> <p>Severity: 2 Scope: 1</p>	Y 691			
Y 698 SS=F	<p>449.2712(2)(b)(5) Oxygen-Tanks secured to wall or racks</p> <p>NAC 449.2712</p> <p>2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall:</p>	Y 698			

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Y 698	Continued From page 16 (b) Ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to secure all oxygen tanks in a stand or to a wall. Findings include: On 9/03/08 at 3:15 PM, in bedroom #3, Resident #4's personal sized oxygen tank was observed unsecured in the bedroom closet. Interview with staff indicated they did know oxygen tanks needed to be secured. Severity: 2 Scope: 3	Y 698		
Y 876 SS=B	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by:	Y 876		

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Y 876	Continued From page 17 Based on record review, the facility failed to ensure an ultimate user agreement was signed for 2 of 6 residents (Resident #2, #6). Findings include: Resident #2 was admitted to the facility on 6/17/08. The record lacked documented evidence of a signed ultimate user agreement authorizing the facility to administer medications to the resident. Resident #4 was admitted to the facility on 8/12/08. The record lacked documented evidence of a signed ultimate user agreement authorizing the facility to administer medications to the resident. Severity: 1 Scope: 2	Y 876		
Y 936 SS=B	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as	Y 936		

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Y 936	Continued From page 18 follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that	Y 936		

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Y 936	<p>Continued From page 19</p> <p>the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.</p> <p>4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.</p> <p>5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of</p>	Y 936			

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Y 936	<p>Continued From page 20</p> <p>the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on record review the facility failed to</p>	Y 936			

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Y 936	Continued From page 21 ensure 2 of 6 residents received the required tuberculin screening as required by NAC 441A (Resident #3, #5). Findings include: Resident #3 was admitted to the facility on 5/7/08. The record lacked documented evidence of a tuberculin screening test. Resident #5 was admitted to the facility on 7/22/08. The record lacked documented evidence of a tuberculin screening test. Severity: 2 Scope: 3	Y 936			
Y 993 SS=E	449.2756(1)(d) Alzheimer's training NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure employees completed the required minimum of 8 hours of Alzheimer's specific training within 3 months of hire for 2 of 6 employees (Employee #1, #6).	Y 993			

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Y 993	<p>Continued From page 22</p> <p>Findings include:</p> <p>Interview with Employee #1 (owner) indicated belief Dementia training was the same as Alzheimer training.</p> <p>Employee #1 was hired on 11/15/06. The file lacked documented evidence of 8 hours of Alzheimer specific training.</p> <p>Employee #6 was hired on 3/14/07. The file lacked documented evidence of 8 hours of Alzheimer specific training.</p> <p>Severity: 2 Scope: 3</p>	Y 993			

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